

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 569309 FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	1						
5	2						
6	1						
7	1						
8	2						
9	1						
10	1						
11	1						
12							
13							
14							
15							
16							
17	2						
18	2						
19	0						
20	0						
21	0						
22	0						
23	0						
24	0						
25	0						
26	0						
27	0						
28	0						
29	0						
30	0						
31	0						
32	0						
33	0						
34	0						
35	0						
36	0						
37	0						
38	1						
39	1						
40	2						
41	2						
42	2						
43	2						
44	0						
45	0						
46	0						
47	0						
48	0						
49	0						
50	0						
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	0					
52	0					
53	0					
54	0					
55	0					
56	0					
57	0					
58	0					
59	0					
60	0					
61	0					
62	0					
63	0					
64	0				1	
65	0					
66	0					
67	0					
68	0					
69						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	
TOTAL CLAIMS					20	